Appeal: 14-4448 Doc: 5 Filed: 06/18/2014 Pg: 1 of 1

## UNITED STATES COURT OF APPEALS FOR THE FOURTH CIRCUIT APPEARANCE OF COUNSEL FORM

**BAR ADMISSION & ECF REGISTRATION:** If you have not been admitted to practice before the Fourth Circuit, you must complete and return an <u>Application for Admission</u> before filing this form. If you were admitted to practice under a different name than you are now using, you must include your former name when completing this form so that we can locate you on the attorney roll. Electronic filing by counsel is required in all Fourth Circuit cases. If you have not registered as a Fourth Circuit ECF Filer, please complete the required steps at <u>Register for eFiling</u>.

| [ ]Retained [ ]C          | ourt-appointed(C  | CJA) [ ]Court-as | signed(non-CJA)  | [ ]Federal Defen               | ider [ ]Pro Bono [      | ]Governme     |
|---------------------------|-------------------|------------------|--|--------------------------------|-------------------------|---------------|
| COUNSEL FOR:              |                   |                  |  |                                |                         |               |
|                           |                   |                  |  |                                |                         | as the        |
|                           |                   | (1               | party name)  |                                |                         |               |
| appellant(s)              | appellee(s)       | petitioner(s)    | respondent(s)  | amicus curiae                  | intervenor(s)           |               |
| (                         | signature)        |                  | _  |                                |                         |               |
| Name (printed or typed)   |                   |                  | Voi  | ice Phone                      |                         |               |
| Firm Name (if applicable) |                   |                  | Fax  | x Number                       |                         |               |
| Address                   |                   |                  | <br>   | E-mail address (print or type) |                         |               |
| I certify that on _       | em if they are re |                  | TIFICATE OF SI<br>g document was se<br>if they are not, by |                                | s or their counsel of a | record throug |
| isted below:              |                   |                  |  |                                |                         |               |
|                           |                   |                  |  |                                |                         |               |
|                           |                   |                  |  |                                |                         |               |
| Signa                     | tura              |                  |  |                                | <br>Date                |               |